

**CLAIMS ONLY**

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7	1						57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12	1						62			
13		1					63			
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16	1						66			
17		1					67			
18		1					68			
19	1						69			
20		1					70			
21		1					71			
22		1					72			
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24		1					74			
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26		1					76			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			